2011 FMNP LOST OR STOLEN CHECK REPORT FORM

INSTRUCTIONS

Completion of all fields is required			
1) 2) 3)	2) WIC staff is required to complete all sections of this form including check serial numbers and dates.		
	WIC Local Agency: [Provide agency name, number and site name]		
The Local Agency. [Fronce agency maine, number and one maine]			
Address:			
	Name of Local WIC Agency Staff Reporting:	Telephone Number:	
		E-Mail Address:	
	Sequence Numbers of Missing WIC FMNP Check(s)/Booklet(s):		
	Beginning: Ending:		
Date discovered missing:			
Please describe briefly the circumstances of how the WIC FMNP check(s)/booklet(s) was lost, stolen, or inappropriately distributed. Explain any corrective actions taken by your agency to resolve/prevent similar incidence from happening in the future.			
Make two copies of this form. Please send the original completed form to:			
WIC FMNP Coordinator CA WIC Program 3901 Lennane Drive Sacramento, CA 95834 (916) 928-8513			

Keep a copy for your files.